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**Department of Defense Instruction**

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**SUBJECT** Requisitioning of Printing, Duplicating, and Reproduction Work  
(DD Forms 843 and 844)

**I. PURPOSE**

It is the purpose of this Instruction to prescribe forms for Department of Defense-wide uniform use in requesting printing, duplicating, and reproduction work in order to eliminate more than a thousand forms presently being used.

**II. SCOPE**

The forms prescribed herein are in addition to DD Forms 282 and 283 (Defense Printing Service Requisition and Defense Printing Service Requisition - Short Run, respectively), and Standard Form 1 (Requisition for Printing and Binding), and, where a form is deemed necessary, will be used for requesting printing and duplicating work from all except industrially funded printing and duplicating facilities.

**III. FORMS**

The forms listed below (copies attached) are hereby standardized for use by all elements of the Department of Defense to replace all military departmental or lower echelon forms used for requesting printing, duplicating, and reproduction work from printing and duplicating facilities (excepting such of those facilities as are industrially funded). The forms prescribed herein will be used immediately upon depletion of supplies of existing forms used for these purposes, or, if desired, a department may obsolete its present stocks of such forms and use these prescribed forms as soon as they are available:

Requisition for Printing and Binding Service, DD Form 843

Requisition for Local Duplicating Service, DD Form 844

**IV. IMPLEMENTATION**

This Instruction will be implemented effective 1 July 1955. Two (2) copies of departmental implementing issuances will be furnished the Assistant Secretary of Defense (Comptroller) by 1 September 1955.

**W. J. McNeil**  
Assistant Secretary of Defense (Comptroller)

Attachments - 2

**93-27461**

**Best  
Available  
Copy**



<b>REQUISITION FOR LOCAL DUPLICATING SERVICE</b>				DATE OF REQUEST		DATE REQUIRED		JOB NUMBER	
TO:				FROM: (Organisation, Room Number, Person and Telephone Extension)					
1. FOR REFERENCE CONSULT									
2. DESCRIPTION (Title, Form Number, etc)				3. <input type="checkbox"/> NAME OF INDIVIDUAL TO CALL IF TO BE PICKED UP <input type="checkbox"/> DELIVER TO (If other than above)					
4. NO. OF MASTERS		5. NO. COPIES EACH		6. TYPE REPRODUCTION		7. CLASSIFICATION		8. DISPOSITION OF ORIGINALS	
9. PAPER			10. COLOR INK		11. PRINT			12. STAPLING <input type="checkbox"/> YES <input type="checkbox"/> NO	
KIND		SIZE		COLOR		<input type="checkbox"/> ONE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> HEAD TO <input type="checkbox"/> L <input type="checkbox"/> R			LOCATION OF STAPLES
13. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, etc)				14. SIGNATURE OF REQUESTOR					
				15. SIGNATURE OF APPROVING OFFICIAL					
<b>FOR REPRODUCTION UNIT USE ONLY</b>									
16. DATE RECEIVED			17. PRIORITY			18. OPERATOR			
19. NO. OF COPIES REPRODUCED			20. DATE DELIVERED			21. JOB RECEIVED BY			

**DD FORM 844**  
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**QUALITY INSPECTED**

# DEPARTMENT OF DEFENSE

## DIRECTIVES SYSTEM TRANSMITTAL

NUMBER	DATE	DISTRIBUTION
7760.3 - Ch 1	December 21, 1961	7700

### ATTACHMENTS

Attachment 2 to DoD Instruction 7760.3, Jun 16, 55.

### INSTRUCTIONS FOR RECIPIENTS

The following page change to Department of Defense Instruction 7760.3, "Requisitioning of Printing, Duplicating, and Reproduction Work (DD Forms 843 and 844)," dated June 16, 1955, has been authorized:

### PAGE CHANGE

Remove: DD Form 844, 1 Jul 55

Insert: Attached DD Form 844, 1 Dec 61

*Maurice W. Roche*

MAURICE W. ROCHE  
Administrative Secretary

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, THIS TRANSMITTAL SHOULD BE DESTROYED.

REQUISITION FOR LOCAL DUPLICATING SERVICE				DATE OF REQUEST	DATE REQUIRED	JOB NUMBER
TO:				FROM: (Organization and room number)		
1. FOR REFERENCE CONSULT				3a. DELIVER TO		
2. DESCRIPTION (Title, form number, etc.)				b. NAME AND PHONE NUMBER OF PERSON TO CALL IF TO BE PICKED UP		
4. NO. OF ORIGINALS	5. NO. COPIES EACH	6. TYPE OF REPRODUCTION <input type="checkbox"/> OFFSET <input type="checkbox"/> Mimeo <input type="checkbox"/> OTHER (Specify)		7. SECURITY CLASSIFICATION		8. DISPOSITION OF ORIGINALS <input type="checkbox"/> RETURN <input type="checkbox"/> DESTROY
9. PAPER KIND      SIZE      COLOR			10. COLOR INK	11. PRINT <input type="checkbox"/> ONE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> HEAD TO <input type="checkbox"/> L <input type="checkbox"/> R		12. COLLATE <input type="checkbox"/> YES <input type="checkbox"/> NO STAPLE <input type="checkbox"/> YES <input type="checkbox"/> NO
13. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.)				14. SIGNATURE OF REQUESTER (This requisition contains no copyrighted material other than that indicated on attached copyright release.)		
				15. SIGNATURE OF APPROVING OFFICIAL		
FOR REPRODUCTION UNIT USE ONLY						
16. DATE RECEIVED		17. PRIORITY		18. OPERATOR		22. DATE REQUESTER NOTIFIED JOB IS COMPLETE
19. NO. OF COPIES REPRODUCED		20. DATE DELIVERED		21. JOB RECEIVED BY		

DD FORM 844  
1 DEC 61